# North Dakota Department of Insurance
## Bulletins
### Bulletin 00-1

TO: All Domestic Insurance Companies

FROM: Glenn Pomeroy, Commissioner

DATE: January 10, 2000

SUBJECT: Women's Health and Cancer Rights Act of 1998

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This bulletin reminds the above health insurance companies and health maintenance organizations of the requirements under the federal Women=s Health and Cancer Rights Act of 1998 (AWHCRA@ or Athe Act@).

WHCRA requires that health insurers in the group or individual markets that provide a mastectomy benefit provide coverage for:

- o Reconstruction of the breast on which the mastectomy has been performed;

- o Surgery and reconstruction of the other breast to produce a symmetrical appearance; and

- o Prostheses and physical complications for all stages of mastectomy, including lymphedemas.

The Act also requires that written notice regarding the coverage be sent to all participants as part of any yearly information packet sent to the participant or beneficiary.

Finally, the Act precludes an issuer from:

- o Denying eligibility, or continued eligibility, to enroll or renew coverage to avoid the above requirements; and

- o Penalizing or limiting the reimbursement of a provider, or providing incentives to a provider, to induce the provider not to provide the care listed above.

In our effort to cooperate with the Health Care Financing Administration (HCFA) in enforcing this law, the Department asks that each health insurance company or health maintenance organization certify that it is complying with the requirements of WHCRA. *cf.* N.D. Cent. Code ' 26.1-02-03. Please have an officer of the company sign the certification below and return a copy to our office within 30 days of the date of this bulletin.

If you have any questions, please contact Charles E. Johnson, General Counsel, North Dakota Insurance Department, at (701) 328-2440.

GP/njb

## CERTIFICATION

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(insert name of health insurance company or HMO) certifies that it has complied with and will continue to comply with the requirements of WHCRA .

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Name

_____

Title